

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

48 County JACKSON Registration District No. 398
Township BLUE Primary Registration District No. 5354
City ENGLEWOOD (No. 1715, HARVARD) St. _____ Ward _____

File No. 8308
Registered No. 120

2. FULL NAME WILLIAM GOODWIN BRIDGLAND

(a) Residence, No. 1715 HARVARD St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-25-1863
7. AGE YEARS 68 MONTHS 9 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FLORIST 5
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) ENGLAND

13. NAME WILLIAM BRIDGLAND

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) ENGLAND

15. MAIDEN NAME EDITH GOODWIN

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) ENGLAND

17. INFORMANT MRS. GEORGE FRENCH (ADDRESS) 1715 HARVARD

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE APRIL-2 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9th ST.

20. FILED April 11 1932 H. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH-31 1932
22. I HEREBY CERTIFY, That I attended deceased from 3/12 to 3/31, 1932
I last saw h. l. alive on 3/31, 1932 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Subarachnoid hemorrhage
Date of onset 131

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) _____ M. D.
(Address) Independence, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 1932

Farmers & Merchants Bank Bldg. (2 - floor)
11-12 ; 2:30-5